

Request for Medical Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear [Agency Representative's Name],

I hope this letter finds you well. I am writing to formally request assistance with medical services that I am currently unable to afford. Due to [briefly explain your situation, such as health issues, job loss, etc.], I find myself in need of support to cover my medical expenses.

Specifically, I am seeking assistance with [mention specific medical needs, such as medications, treatments, or procedures]. I have attached any relevant documentation, including medical reports and financial statements, to support my request.

I appreciate your attention to my request and am hopeful for a positive response. Please feel free to contact me at your earliest convenience should you need any more information.

Thank you for your consideration.

Sincerely,

[Your Name]